MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\						51							
2		l					52							
3		l					53							
4		l					54							
5		l					55							
6		l					56							
7		l					57							
8		l					58							
9		l					59							
10		l					60							
11		l					61							
12	l						62							
13		l					63							
14		l					64							
15		l					65							
16		l					66							
17		l					67							
18		l					68							
19		l					69							
20		l					70							
21		l					71							
22		l					72							
23		l					73							
24	l						74							
25	l						75							
26		l					76							
27		l					77							
28		l					78							
29		l					79							
30		l					80							
31		l					81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	27						TOTAL DEP.							
TOTAL CLAIMS	3						TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE